

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530145

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3				1		1
4						1
5		1				1
6		1				1
7		1				1
8		1				1
9		8		1		1
10	1		1			1
11	1		1			1
12	1		1			1
13	1		1			1
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49						
50						
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					10	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS					5	